

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006641

FILED
Mar 17, 2021
Secretary of State
4152389637CC

Entity Name: MEDART ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

4647 CRAWFORDVILLE HWY.
CRAWFORDVILLE, FL 32327

Current Mailing Address:

P.O. BOX 190
CRAWFORDVILLE, FL 32326 US

FEI Number: 59-2877790

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHISLER, NICHOLAS F
32 SAVANNAH FOREST CIRCLE
CRAWFORDVILLE, FL 32327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICHOLAS F. CHISLER

03/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name SELLNER, LOREN JR.
Address 64 ALLEN HARVEY RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title DEACON
Name PEAVY, DELACY
Address 1005 RIVER PLANTATION RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title PRESIDENT
Name CHISLER, NICHOLAS F
Address 32 SAVANNAH FOREST CIRCLE
City-State-Zip: CRAWFORDVILLE FL 32327

Title DEACON
Name HICKS, JON C
Address 558 JACK CRUM RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title DEACON
Name JALBERT, MATTHEW D
Address 67 MILLS GREEN CANYON RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title DEACON
Name MARTINEZ, BELARMINO
Address 4647 CRAWFORDVILLE HWY.
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name THURMOND, HAROLD J
Address 307 FRANK JONES RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name COMPTON, MICHAEL
Address 224 HARVEY MILL RD
City-State-Zip: CRAWFORDVILLE FL 32327

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS CHISLER

SENIOR PASTOR

03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DEACON
Name MCKENZIE, JOSEPH SHANE
Address 233 SURF RD
City-State-Zip: SOPCHOPPY FL 32585